

KANSAS DEPARTMENT for AGING AND DISABILITY SERVICES

RESCHEDULING FORM

Check type of exam. Enclose non-refundable fee of \$20.00: Payable to KDADS (check or money order).

___ 90-Hour CNA Test

___ 20-Hour Home Health Aide Test

Candidate Information

A COPY OF IDENTIFICATION WITH YOUR SOCIAL SECURITY NUMBER MUST BE ON FILE.

Name _____
Last First MI Other Names Used

If name change, submit documentation (i.e.: marriage license, divorce decree, new ss card).

Social Security Number _____-_____-_____ Birth date ____/____/____ Sex ___ Male ___ Female

Address _____
Street City State Zip

Phone Number Home: () _____ Cell: () _____

EMAIL: _____ Preferred Method of Approval Letter: ___ Mail ___ Email

Retake (Failed the test one or more times): __Yes __No **Do not use this form** if currently enrolled in a course or if you have failed the state test three times within a year from the beginning date of your course.

TEST SITE PREFERENCE (Please check the appropriate site):

___ Andover	___ Concordia	___ Hutchinson	___ Lawrence	___ Parsons	___ Winfield
___ Atchison	___ Dodge City	___ Independence, KS	___ Lenexa	___ Pratt	
___ Beloit	___ Emporia	___ Iola	___ Liberal	___ Salina	
___ Burlingame	___ Fort Scott	___ Junction City	___ Manhattan	___ Topeka	
___ Chanute	___ Garden City	___ KC KS Community College	___ Merriam	___ Wichita/Allied	
___ Coffeyville	___ Great Bend	___ KC KS Delores Homes	___ Olathe	___ Wichita/Bethel	
___ Colby	___ Hays	___ KC KS Donnelly	___ Pittsburg	___ Wichita/WSU Tech	

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to send my test results to my instructor.

Candidate's Signature

Date

Mail this form and attachments to:

KDADS/Health Occupations Credentialing
503 S. Kansas Avenue
Topeka KS 66603
Phone number: (785) 296-6958

Web site: www.kdads.ks.gov/hoc

Revised 01/03/2018

Candidate, **PLEASE NOTE:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test. **There will be an additional fee to be paid to the test site for testing.**
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-6958 to request a rescheduling form which requires an additional fee of \$20.00.
5. Each candidate has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.
6. If the test is not passed within one year from the starting date of the initial course, the course must be retaken to be eligible to retake the test.
7. **ALL FEES ARE NOT REFUNDABLE.**
8. The time limit is two hours unless other accommodations to address a disability are requested and approved (no oral tests are given for the home health aide test).
9. If a special accommodation is needed, you **MUST** submit the candidate's "*Accommodation Request Evaluation Form*" with this application.

Web site: www.kdads.ks.gov/hoc